PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS. This fam should be used for reasonings the ISSUE FEE and RIBULCATION FEE (if required). Black a though 5 should be completed where appropriate All inhere correspondance includings the first lead indicated on inherence received by the mailed to the current similar correspondance of the correct below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) Indicating a separate "FEE ADDRESS" for maintenance fee conflictations.

CURRENT CORRESPONDENCE ADDRESS (Note. Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying pagers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

7500

Certificate of Mailing or Transmission

P.O.BOX 1871

02/07/2010 SandozAG (Austria)- LUEDEKA, NEELY & GRAHAM, P.C. Knoxville, TN 37901

E-filing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimite transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Denousers name (Signature (Da

FIRST NAMED INVENTOR ATTORNEY DOCKIT NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 10/552,858 10/12/2005 Johannes Ludescher 33166A 2512

TITLE OF INVENTION: PROCESSES FOR THE PREPARATIONS OF CEFEPIME

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/02/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
BERCH, MARK L		1624	540-222000			
Change of correspondence address or indication of "Fee Address" (37 FR 1.50). Change of correspondence Address (or Change of Correspondence Address from FTO/SB/12) attached. G**Fee Address** indication (or "Fee Address** Indication form FTO/SB/147; Rev 0.1-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the putter front page, list [1] the cause of up to 3 registered patient attempts or agents OK, alternatively, 12 (1) the cause of a single from (having as a member a 2 registered patient attempts or agents. If no name is listed, no name with be praided.			
recordation as set for (A) NAME OF ASS Sandoz A	IGNIII:	eletion of this form is NO	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY Basel, Swi	and STATE OR COUNT		ment has been med
lease check the approx	priate assignee category of	categories (will not be p	rinted on the patent) :	Individual 🖸 Corporat	ion or other private group	entity Governme
				ise first reapply any prev	dough poid leave for the	
la. The following fee(s See See) are submitted: [No small entity discount] # of Copies	ennitted)	A check is enclosed. Payment by credit car	d. Form PTO-2038 is allo authorized to charge the sit Account Number 12	iched.	

This collection of information is required by 37 CFR. 1.311, The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 34 U.S.C. 22 and 37 CFR. 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and with the complete including gathering, preparing, and with firm and/or appearation for reducing this barroot, analysis of the confidence of the

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name Mark S. Graham

Registration No. ____32,355